

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.
10/593964
Applicant

Filing Date

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								51					
3								53					
4								54					
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45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL 200.								TOTAL 100.					
TOTAL DEP.								TOTAL 100.					
TOTAL CLAIMS								TOTAL CLAIMS					